



CITY OF ST. LOUIS
SPECIAL EVENT
CONSOLIDATED APPLICATION

(To be completed by the requesting Sponsor/Producer)

Application (SR)#: _____

Date Received: _____

NOTICE TO PERMIT APPLICANT

- This application form is used for public events. It is NOT used for residential block parties or private events in a City park. For these, contact the Street Dept. or Parks Dept. respectively.
- Completed Special Event Application must be submitted to the Office of Special Events a minimum of NINETY (90) calendar days prior to the date the event is scheduled to begin to avoid late fees.
- BE SURE TO INCLUDE THE ATTACHMENTS LISTED ON PAGE 4 WITH THIS APPLICATION.
- Submit this application and all required attachments to the Office of Special Events, 1200 Market Street, Room 418, City Hall, St. Louis, MO 63103 or online at www.stlouis-mo.gov/special-events.
- Mail \$25.00 application fee (\$100 if event is less than 90 days away) to the Office of Special Events at address above.
- Please keep a copy for your records.
- If you have any questions, please call Office of Special Events at 314-589-6640.

I. GENERAL INFORMATION

EVENT TITLE/NAME:	Half Way to the Day 5K		
EVENT SPONSOR/PRODUCER:	St James the Greater Athletic Association		
STREET ADDRESS:	1360 Tamm ave		
CITY, STATE, & ZIP CODE:	St Louis MO 63139		
BUSINESS PHONE:	314-645-0167		
FAX #:	314 645 0168		
Is this a 501(c)3 organization?: Attach 501(c)3 Federal Tax letter			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
TAX I.D. #:	148780460	State Tax Exempt Number (if applicable)	
NAME OF AUTHORIZED AND RESPONSIBLE AGENT:		Angela Lanemann	
AGENT TITLE:		chair	
STREET ADDRESS:	6443 Villa ave		
CITY, STATE, & ZIP CODE:	St Louis MO 63139		
TELEPHONE #:	314- 681- 8028		
MOBILE PHONE #:	314- 681-8028		
EMAIL ADDRESS:	alanemann@yahoo.com		
EVENT DATE(S):	From: 10/5/14	To: 10/5/14	
EVENT HOURS Date:	10/5	Open: 11:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Close: 12:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Date:		Open: <input type="checkbox"/> AM <input type="checkbox"/> PM	Close: <input type="checkbox"/> AM <input type="checkbox"/> PM
Date:		Open: <input type="checkbox"/> AM <input type="checkbox"/> PM	Close: <input type="checkbox"/> AM <input type="checkbox"/> PM
EVENT SETUP Date:	10/5	11:15am Setup commencing at: 11:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
DISMANTLE Date:	10/5	Completed by no later than: 1:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

CITY OF ST. LOUIS – SPECIAL EVENT CONSOLIDATED APPLICATION

PROVIDE A BRIEF DESCRIPTION OF THE EVENT: 5K thru Dogtown	
List dates this event has been held in the past (or indicate if this is event's first run)	10/6/13
ESTIMATED ATTENDANCE FOR THE ENTIRE EVENT: 120	
WHEN IS THE ATTENDANCE EXPECTED TO PEAK? 11:45am	
PROVIDE NAME, ADDRESS, PHONE AND CONTACT PERSON OF INSURANCE BROKER WHICH WILL PROVIDE INSURANCE FOR THE SPECIAL EVENT: Attach Certificate of Insurance Archdiocese of St Louis	

II. EVENT DETAILS

DOES THE EVENT SPACE REQUIRE USE OF A PUBLIC PARK? Attach Parks Permit Application		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If yes, name of park(s) & specific location in park (ball fields, pavilion, boathouse, etc.):			
Will you be renting the bandwagon or other equipment from Parks Division? Attach Bandwagon Permit Application and/or Parks Equipment Application		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Does the event require closing or use of city streets? Attach Street Closing Application		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Will the event require closure of any interstate on/off ramps or state highways? Attach MoDOT Application		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Will the event include any of the following activities? (check all that apply) <input type="checkbox"/> AQUATICS <input type="checkbox"/> AERIAL ACTIVITIES <input type="checkbox"/> LIVE ANIMALS (including in the parade) <input type="checkbox"/> PYROTECHNICS/FIREWORKS Your Licensed Pyrotechnician will be required to obtain a Fire Dept. Fireworks Permit <input type="checkbox"/> GAMES/RIDES Your vendor will be required to obtain a Building Division Permit			
WILL THERE BE MUSIC DURING THE EVENT?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If YES, will the music be electronically amplified?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Describe any other entertainment you have planned:			
WILL GENERATORS BE USED? Your vendor will be required to obtain a Building Division Permit		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
WILL A STAGE BE CONSTRUCTED? Your vendor will be required to obtain a Building Division Permit		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
WILL TENTS BE ERECTED? Your vendor will be required to obtain a Building Division Permit		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
WILL THERE BE TEMPORARY SIGNAGE, BALLOONS, BANNERS OR ADVERTISING?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
WILL YOUR ORGANIZATION SELL/GIVE AWAY ALCOHOLIC BEVERAGES? Either attach Caterer's Permit Application or apply in person for Picnic Liquor License.	<input type="checkbox"/> YES (sell)	<input type="checkbox"/> YES (give away)	<input checked="" type="checkbox"/> NO
WILL FOOD BE SOLD OR GIVEN AWAY? Attach Temporary Food Permit Application AND List of Vendors (including food trucks)	<input type="checkbox"/> YES (sell)	<input type="checkbox"/> YES (give away)	<input checked="" type="checkbox"/> NO
WILL YOU HAVE PORTABLE RESTROOMS/HANDWASHING? Attach Restroom Permit Application		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
DO YOU PLAN TO COOK OR WARM FOOD WITH PROPANE? Attach Propane Tank Application		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
WILL YOU NEED USE OF HYDRANTS? Attach Water Wagon Application, Drinking Fountain (combo) Application, OR Fire Hydrant Permit Application		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
WILL YOUR ORGANIZATION SELL/GIVE AWAY MERCHANDISE? Attach List of Vendors	<input type="checkbox"/> YES (sell)	<input type="checkbox"/> YES (give away)	<input checked="" type="checkbox"/> NO

CITY OF ST. LOUIS – SPECIAL EVENT CONSOLIDATED APPLICATION

III. SECURITY AND SAFETY PROCEDURES

It will be necessary for you to develop a Security and Safety Plan for your event. Your plan needs to include the number, hours, and locations for deployment of security personnel and equipment provided by the sponsor, procedures for crowd control, collection and depositing of cash, VIP areas, entertainer and stage security, media areas and private security services.

PLEASE LIST THE PERSON(S) OF AUTHORITY WHO WILL BE IN CHARGE DURING THE EVENT:

NAME	ROLE	ADDRESS	MOBILE PHONE NO.
Angie Laremann	chair	6443 Villa	314-681-8028

WILL OFF DUTY POLICE OFFICERS BE HIRED TO SECURE THE EVENT?

☐ YES

☒ NO

WHAT IS THE NAME AND CONTACT INFORMATION OF THE SECURITY COMPANY PROVIDING SECURITY?

WHAT IS THE NUMBER OF SECURITY PERSONNEL ON SITE DURING THE EVENT:

WILL SECURITY REMAIN ON THE SITE/IN THE PARK OVERNIGHT?

☐ YES

☒ NO

IS SECURITY ARMED?

☐ YES

☒ NO

Depending on the size and nature of your event, it may be necessary to provide Emergency Medical Services for the event patrons.

WHO WILL BE PROVIDING THE STAFF AND THE EQUIPMENT FOR THE EMERGENCY MEDICAL FACILITY?

Name of Agency:

Contact Person:

Phone Number:

PLEASE INDICATE THE EQUIPMENT AND TYPE, AND NUMBER OF STAFF WHO WILL BE ON SITE DURING ALL HOURS OF THE EVENT.

Ambulance:

Emergency Medical Technicians:

Paramedics:

Nurses:

Doctors:

Others (please specify):

IV. PUBLICITY

How do you plan to publicize this event? (Attach sample flyers, brochures, provide web site link, etc.)

How do you plan to notify neighborhood residents/businesses of the event's impact on them? (Attach sample doorhangers, letters, etc.)

Provide phone number that can be used by the public for event inquiries:

V. FINANCIAL INFO

Will admission be charged?

☐ YES
(everyone)

☐ YES
(VIP area)

☒ NO

If yes, fee structure/amount:

Will donations be solicited?

☐ YES

☒ NO

CITY OF ST. LOUIS – SPECIAL EVENT CONSOLIDATED APPLICATION

VI. CLEANUP DURING AND AFTER THE EVENT (Recycling MUST BE offered)

WHO WILL BE RESPONSIBLE FOR EMPTYING TRASH CANS, REMOVING TRASH FROM FOOD AND MERCHANDISE VENDOR BOOTHS AND PICKING UP LITTER IN THE EVENT AREA, BOTH DURING AND AFTER EVENT?

Name of business responsible for removals: St James the Greater Athletic Association

Contact Person: Bill Kennebeck

Phone Number: 314-575-4381

WHO WILL BE RESPONSIBLE FOR PROVIDING DUMPSTERS/HAULING AWAY TRASH & RECYCLABLES?

Name of business responsible for event cleanup: _____ If using City Refuse Div., attach Event Recycling Container Application

Contact Person: _____

Phone Number: _____

ATTACHMENTS

The following attachments must be included for your application to be complete:

1. DETAILED SITE MAP: indicate the locations of the following applicable items within the event area:

- ☐ Stage area
- ☐ Alcoholic beverage area
- ☐ Food concession area
- ☐ Merchandise concession area
- ☐ Portable restroom facilities
- ☐ Dumpsters/trash/recycling containers
- ☐ Event headquarters
- ☐ Security/Emergency tents
- ☐ Police/Fire command post
- ☐ Inflatables/rides/live animals
- ☐ Picnic tables (if rented from Parks Dept.)
- ☐ Traffic/Pedestrian control devices (barricade, bike rack, detour sign placements)
- ☐ Map of any routed activities (parade, run, bike ride, walk, etc.)

2. SECURITY PLAN: include the number, hours, and locations for deployment of security personnel and equipment provided by the sponsor, procedures for crowd control, collection and depositing of cash, VIP areas, entertainer and stage security, media areas and private security services

3. EMERGENCY PLAN: include response/evacuation plan should unexpected weather or man-made disaster occur

4. LIST OF VENDORS: if using outside vendors for food/merchandise, including food trucks

6. PUBLICITY: attach sample brochures, flyers, neighborhood notification letters, etc.

7. CERTIFICATE OF INSURANCE

8. TAX EXEMPT LETTER

9. ALL SUPPLEMENTAL APPLICATIONS (as needed)

- | | |
|---|--|
| <input type="checkbox"/> Park Permit Application | <input type="checkbox"/> Temporary Food Permit Application |
| <input type="checkbox"/> Bandwagon Permit Application | <input type="checkbox"/> Restroom Permit Application |
| <input type="checkbox"/> Parks Equipment Application | <input type="checkbox"/> Propane Tank Application |
| <input type="checkbox"/> Street Closing Application | <input type="checkbox"/> Water Wagon Application |
| <input type="checkbox"/> MoDOT Application | <input type="checkbox"/> Drinking Fountain (Combo) Application |
| <input type="checkbox"/> Caterer's Permit Application | <input type="checkbox"/> Fire Hydrant Permit Application |
| | <input type="checkbox"/> Event Recycling Container Application |

CITY OF ST. LOUIS * STREET DEPARTMENT STREET CLOSING APPLICATION FOR SPECIAL EVENTS

Event Title/Name (must match event name on main Special Event application):	Half way to the Day 5K
Event Sponsor/Producer:	St James Athletic Assoc
Contact Name for Street Permit	Angela Lanemann
Contact Phone for Street Permit	314-681-8028
Contact Email for Street Permit	alanemann@yahoo.com

Event Date(s)	10/5/14
Does event include a street fair?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
Does event include a parade?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
Does event include a walk?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
Does event include a run?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Does event include a bike ride?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
Does event include a bike race?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
Start time:	11:45am
Start time:	
Start time:	

What is the parade, run, walk, and/or ride route? (Give turn by turn directions such as "Start at 13th & Olive, S on 13th to Market, W to 20th, N to Locust, E to 13th, S to end at start point." Attach additional sheets if necessary.) *Start on Tamm Ave to Clayton W on Clayton to Oakland E on Oakland to Graham S on Graham to Graham St on Berthold to Berthold E on Berthold to Clayton E on Clayton to Tamm finish 13th Tamm to Tamm N on Tamm to Berthold W on Berthold to Clayton E on Clayton to Tamm finish 13th Tamm*

Please list below any additional streets you will be closing or partially blocking for this event (excluding the above route). Sample reasons for blockings include street fair area, parade/run assembly areas, VIP/Valet parking areas, staging, or other activity related to your event. You may attach additional sheets if needed, using the same table format as below.

Street to be Blocked	Between Cross Street 1	And Cross Street 2	Reason for blocking:	#Traffic Lanes	#Curb Lanes	#Blocks	Closing Date/Time	Re-Opening Date/Time	# Days	#Meters blocked
1st										

Name and contact information of traffic control company preparing your signage/detour plan:

Will you be renting bike racks from the Street Division? (min qty 100)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	If yes, qty: _____
Will you be requesting the City Tow Lot to relocate or tow vehicles on the route?	<input type="checkbox"/> YES - relocate at sponsor's expense <input type="checkbox"/> YES - tow vehicle at owner's expense	<input checked="" type="checkbox"/> NO

Submit this form along with your Special Event Consolidated Application and all required attachments (site map, traffic control plan, etc) to the Office of Special Events. If you have questions about how to complete this form, you may contact the Street Department at 647-3111.

Half Way To The Day 5K

October 5, 2014

